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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
 (For use with Form PTO/SB/06)

Application Number \_\_\_\_\_ Filing Date \_\_\_\_\_

Applicant(s) \_\_\_\_\_

**KEVIN KAWAKITA**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X						51					
2		X					52					
3		XX					53					
4		XX					54					
5		XX					55					
6		XX					56					
7		XX					57					
8		XX					58					
9		XX					59					
10		X					60					
11		XX					61					
12		X					62					
13	X						63					
14		X					64					
15		X					65					
16		XX					66					
17		XX					67					
18		X					68					
19		XX					69					
20		X					70					
21		X					71					
22		X					72					
23		X					73					
24		X					74					
25	X						75					
26		X					76					
27		X					77					
28		X					78					
29		X					79					
30		X					80					
31		X					81					
32		X					82					
33							83					
34							84					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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 Assistant Commissioner for Patents, Washington, DC 20231.



CLAIMS ONLY						SERIAL NO.	FILING DATE		
						09677314			
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1									
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13	1								
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25	1								
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31									
32	1								
33									
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45									
46									
47									
48									
49									
50									
TOTAL IND.	3								
TOTAL DEP.	29								
TOTAL CLAIMS	32								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									